

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003000

FILED  
Jan 21, 2009  
Secretary of State

**Entity Name:** GLENWOOD HOMEOWNERS ASSOCIATION OF BREVARD COUNTY, INC.

**Current Principal Place of Business:**

4010 NATHAN CT  
W MELBOURNE, FL 32904

**New Principal Place of Business:**

**Current Mailing Address:**

4010 NATHAN CT  
W MELBOURNE, FL 32904

**New Mailing Address:**

**FEI Number:** 59-3531312

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NELSON, EPPERT  
402 NATHAN CT  
MELBOURNE, FL 32904 US

**Name and Address of New Registered Agent:**

NELSON, EPPERT  
4020 NATHAN CT  
MELBOURNE, FL 32904 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

01/21/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: EPPERT, NELSON  
Address: 4020 NATHAN COURT  
City-St-Zip: WEST MELBOURNE, FL 32904

Title: DS ( ) Delete  
Name: BEGIN, HELEN  
Address: 4000 NATHAN CT  
City-St-Zip: MELBOURNE, FL 32904

Title: VPD ( ) Delete  
Name: BEGIN, DAVID  
Address: 4000 NATHAN CT  
City-St-Zip: MELBOURNE, FL 32904

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NELSON F EPPERT

TD

01/21/2009

Electronic Signature of Signing Officer or Director

Date